



00862.021692.

#17/Election
WJ/amdt
10/29/03
10/29/03
PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
AOJI ISONO ET AL.) : Examiner: P. Dharia
Application No.: 09/719,523) : Group Art Unit: 2673
Filed: March 29, 2001)
For: METHOD OF CONTROLLING)
IMAGE DISPLAY : Sept. 29, 2003

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Technology Center 2600

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO ELECTION-OF-SPECIES REQUIREMENT
AND SECOND PRELIMINARY AMENDMENT

Sir:

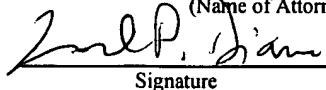
In response to the Office Action dated August 27, 2003, Applicants elect to proceed with the prosecution of Species 2, shown in Figures 4-9, on which Claims 34-51 read. The claims are reflected in the listing beginning at page 2. The Remarks begin at page 11.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

September 29, 2003
(Date of Deposit)

LEONARD P. DIANA (Reg. No. 29,296)

(Name of Attorney for Applicant)


Signature

September 29, 2003
Date of Signature



Application of:

AOJI ISONO ET AL.

Application No.: 09/719,523

Filed: March 29, 2001

For: METHOD OF CONTROLLING
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Docket No. 00862.021692.

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✓ Mail Stop Non-Fee Amendment
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Response in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 18	MINUS	** 51	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	* 12	MINUS	*** 34	= 0	x \$42 \$84	\$0
Fee for Multiple Dependent claims \$140°/\$280						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT—						\$0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$_____ is enclosed.

Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

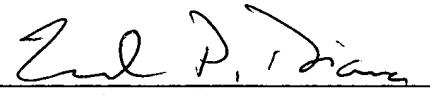
Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$_____ to cover the fee for a ___ month extension is enclosed.

A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 78,28C

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